

**PLACER COUNTY CONSENT TO RELEASE ALCOHOL AND DRUG TEST
INFORMATION FROM PREVIOUS EMPLOYER**

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION
FOR EMPLOYMENT TO THE PERSONNEL DEPARTMENT**

SECTIONS 1 & 2 - TO BE COMPLETED BY APPLICANT (SEE INSTRUCTIONS)

SECTION 1: AUTHORIZATION FOR RELEASE OF INFORMATION

A. I, (Print Name) _____ B. _____
First, M.I., Last Social Security Number

Hereby authorize that:

C. Previous Employer: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No: _____

**May release and forward information requested by section 3 of this document concerning my Alcohol and Controlled
Substances Testing records to: PLACER COUNTY**

RISK MANAGEMENT DIVISION

11491 "B" AVENUE

AUBURN, CA 95603

FAX to: (530) 889-6820 or Email to: lnq@placer.ca.gov

In compliance with CFR §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

D. _____
Applicant Signature Date

This information is being requested in compliance with CFR §40.25 and §382.405(f) and (h).

SECTION 2: PRE-EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT

Pursuant to CFR §40.25(j), the employer must ask the applicant whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules **during the past two years**. If the applicant admits that he or she had a positive test or a refusal to test, you must not use the applicant to perform safety sensitive functions for you, until and unless the applicant documents successful completion of the return to duty process. (see CFR §40.25(b)(5) and (e)).

The applicant is required by CFR §40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No (If you answered Yes, please complete E., F. & 2. If No, skip to G.)

E. Previous Employer: _____

Street: _____

City: _____

State, ZIP: _____

F. Applicant Name: _____

(print)

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one: ☐ Yes ☐ No

G. Applicant Signature: _____ Date: _____

H. Witnessed By: _____ Date: _____
(witness may be anyone you choose)

Pursuant to CFR §382.405(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request. (h) An employer shall release information regarding a driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's specific written consent as outlined in §40.321(b) of this title.

**APPLICANTS -- DO NOT COMPLETE SECTIONS 3 AND 4
PLACER COUNTY WILL REFER TO PREVIOUS EMPLOYER**

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, sign below, and return.

Under Department of Transportation testing requirements <u>during the previous two years:</u>	<u>YES</u>	<u>NO</u>
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirement, including follow-up tests? (Please send this documentation back with this form, if applicable.)	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any drug or alcohol testing information obtained from previous employers under CFR §40.25 or other Applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 completed by (Signature): _____ Date: _____

Return completed form to: PLACER COUNTY
RISK MANAGEMENT DIVISION
11491 "B" AVENUE
AUBURN, CA 95603
FAX to: (530) 889-6820

DO NOT WRITE BELOW THIS LINE. SECTION 4: TO BE COMPLETED BY PLACER COUNTY

This form was: (check one) ☐ Faxed to previous employer ☐ Mailed Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ E-mail

Date: _____